Name of Lab: Address: City, State, Zip:	ddress: 511 Testing Road			Transmittal Letter
Contractor Name: General Contractors, Inc. Address: 2222 East Longhorn Road City, State, Zip: Marion, AZ 86004			No. 8	
ADOT TRACS NUM LAB PROJECT NUM TO (Company):	MBER: Zip):	H447400C – Route 66 2557JTT309 ADOT Mail Drop P831 1234 East Downtown Street Phoenix, AZ	DATE: REF: - FAX:	11/16/08 Quality Control Report xxx-xxx-xxxx
I, $\frac{\text{John Smith}}{\text{(Quality Control Manager of Contractor)}}$, certify that the quality control procedures comply with the contract documents for this project. Attached is the weekly Quality Control Report for the				
week ending November 16, 2008 per 106.04(C)(6). (Friday date)				
Type of work tested this week: X Earthwork X Portland Cement Concrete Asphaltic Concrete Other No QC needed this week per contract				
Prime Contractor Quality Control Manager Signature				